

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 553990

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		1		1		
10		1		1		
11		1		1		
12		3		3		
13		3		3		
14		3		3		
15		3		3		
16		3		3		
17		3		3		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	54	←	32	←		←
TOTAL CLAIMS	55		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						